

PORTCALL WORKSHEET

(To be turned into TMO ONLY w/ a copy of the assignment RIP 90 days prior to RNTLD)

(Must have Dependents passports before tickets will be issued)

PAX ORG BOX: usaf.jbanafw.afdw-staff.mbx.11-lrs-tmo-pax@mail.mil

(As it appears on I.D)

Rank/Last, First Name _____ SSN: _____

DOB _____ CAC EXP DATE _____

UNIT _____ NEW DUTY LOCATION _____

1. DUTY PHONE _____ 2.A HOME PHONE _____
2. DEPENDENTS TRAVELING: YES/NO _____
3. GOVERNMENT/PERSONAL EMAIL ADDRESS _____
4. DEPENDENTS (FULL NAME AS ITS WRITTEN ON PASPORTS, DOB, SSN, PASSPORT# W/ EXP DATE) _____

NAME:

1. _____
2. _____
3. _____
4. _____
5. _____

5. PETS TRAVELING: YES/NO

SEX: F/MWT W/KENNEL: _____ AGE: _____ BREED: _____

KENNEL DIMENSIONS: LENGTH _____ WIDTH _____ HEIGHT _____

SEX: F/MWT W/KENNEL: _____ AGE: _____ BREED: _____

KENNEL DIMENSIONS: LENGTH _____ WIDTH _____ HEIGHT _____

6. TRAVEL REQUESTED

- A. REQUESTED DEPARTURE DATE FROM ANDREWS: _____
- B. 10-DAY WINDOW: _____
- C. LEAVE ENROUTE: YES/NO DATES _____
- D. DIRECT TO NEW UNIT: YES/NO _____

NOTE: IF ORDINARY LEAVE IS TAKEN ENROUTE, TMO WILL ONLY BOOK YOU TO A NORMALLY ROUTED PORT OF TO THE NEW DUTY STATION

7. TDY ENROUTE: YES/NO

LOCATION: _____ DATE MUSTE ARRIVE BY _____

DEPARTURE DATE/TIME _____

8. CIRCUITIOUS TRAVEL: YES/NO

(MUST BE APPROVED THROUGH MPF)

NOTE: Emergency Contact Information Required: (Not traveling with you)

First & Last Name, Phone #

Current As of 3 May 13